

# California MEDICINE

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## RELATIVE VALUE SURVEY DEADLINE EXTENDED

*At the 1958 session of the California Medical Association House of Delegates, it was unanimously ordered that the C.M.A. thoroughly survey the fees being charged by C.M.A. members throughout the State. A printed survey form was distributed to each C.M.A. member in mid-September.*

*A minimum of 40 per cent participation is required to obtain the weight of authority so essential to the successful use of the survey results.*

*Among other things, these results will be used for basic information as to fees currently being charged by the medical profession so that insurance companies, government agencies, labor unions and others interested in group purchase of medical care may avoid setting up plans entailing arbitrary and unrealistic fee schedules. Unless adequate participation is achieved, future efforts will have to be based on an out-dated study of fees of five years ago. Accordingly, the deadline for returns has been extended to December 1, 1958.*

*Every physician should make a special effort to complete and return the survey form and should urge his colleagues to do so.*

## EDITORIAL

### Public Assistance Medical Care

WHEN THE U. S. CONGRESS added the "George amendment" to H.R. 7225 in the 1956 session, few physicians paid much, if any, attention to it. The amendment provided a new method of allowing funds for meeting the medical expenses of certain beneficiaries of the Social Security Act.

The following year, when the California state Legislature adopted AB 679, to provide funds to match the federal appropriation under this Social Security amendment, there were no voices raised against it.

When, however, the state and federal laws became operative in October, 1957, physicians throughout California raised their voices in unmistakable protest.

The physicians found, overnight, that some of their private patients of long standing were on the receiving end of the welfare rolls and were suddenly entitled to visit a physician and have the welfare department pay the bill. The bill, however, was paid at a level adopted by the State Department of Social Welfare and only after the physician had signed various papers certifying to his diagnosis, his treatment and his agreement not to assess any additional fee against the patient.

County societies immediately started their own actions in opposition to this new law. Some circu-

lated agreements among their members, who signed to the effect they would not accept patients under this program. Others offered the alternative of county hospital or clinic care for these eligible patients.

It is noteworthy that all such county society actions made provision for the care of the patients. It was the plan that was abandoned—not the elderly, the blind or the children eligible to receive medical assistance under the joint federal-state program.

Culmination of the medical protest against this program came in the CMA 1958 House of Delegates, when 20 separate resolutions were introduced on this one subject. The volume of proposals was so great that the Speaker of the House named a special reference committee to consider this one topic.

The reference committee came up with a single resolution which, despite many efforts to amend, was passed by the House of Delegates to become the governing policy of the California Medical Association in dealing with this problem.

One year has now passed since this program went into effect; six months have passed since the House of Delegates adjourned. The time seems appropriate for a review.

The resolution adopted by the House of Delegates was based on three words—"Reject, Repeal, Rec-

tify." In simple terms, the House voted to reject the idea or philosophy of this program; it voted to attempt to repeal the enabling state legislation; it voted to correct shortcomings in the program if outright repeal could not be had.

The "reject" portion of the resolution spoke for itself. The press carried complete reports that the physicians of California did, in their own philosophy, reject the philosophy of AB 679, the enabling legislation passed by the state Legislature. This portion of the House of Delegates resolution appears to have been satisfied at the moment the resolution was passed. In legal language, *res ipsa loquitur*.

The "repeal" and "rectify" portions of the resolution presented still another problem. To begin with, these two words represent incongruous points of view. Repeal means "do away with it, get it off the books." Rectify means "change it so that it is more palatable." Obviously, both cannot be done.

In legislative procedure, a motion to amend a proposed law represents an implied approval if the amendment is adopted. In this sense, "rectify" signifies intended approval of the law if it is changed satisfactorily. "Repeal" means outright opposition under any circumstances.

The Council of the CMA has faced this dilemma since the 1958 House of Delegates adjourned.

Repeal of AB 679 has not been physically possible since the meeting of the House, for the simple reason that the Legislature has not been in session and thus has not had a chance to vote on a proposal for repeal. A poll of the members of the Legislature has indicated conclusively that a direct attempt at repeal would fall on deaf ears in that body. The Association has been represented at hearings held by the Senate Interim Committee on Social Welfare and has made known to that committee the thoughts expressed by the House of Delegates. To date, no member of the Legislature has been found who would even author such a bill.

Meanwhile, with even the bare possibility of repeal months away, the CMA Council has quietly but effectively gone about the business of "rectifying" the provisions of the law and its administrative regulations.

The House of Delegates resolution asked that control of the program be vested in the counties. This has been done to the extent possible under federal-state law.

The resolution asked that county societies cooperate with their local welfare departments in administering the program. This has been done statewide, with obvious benefit to all concerned.

The resolution asked for an acceleration of various pilot programs, including one to try doing away with fee schedules. To date three such programs have been proposed in separate counties and each

has been accorded consideration by the State Board of Social Welfare. While none has yet been fully approved, the state agency has made it plain that it will entertain suggestions proposed by the county societies. Thus this section of the resolution is being actively prosecuted.

The resolution asked that prior authorization for the treatment of patients be done away with. This has already been done in some counties and will be done progressively throughout the state. This part of the resolution has been complied with.

The resolution asked that the system of dual payments be abandoned and a uniform method of payment established. The State Board of Social Welfare has agreed to this request and will establish a uniform method of payment when the preferred type of payment is determined by the physicians themselves. To date there have been technical questions which have delayed the accurate determination of a uniform method of payment desired by physicians, but this problem is under study and a valid determination will soon emerge, either statewide or on a county-by-county basis.

The final section of the resolution suggested that the Governor appoint one or more physicians as members of the State Board of Social Welfare. California will have a new Governor in January and proper representations can be made to him at that time. Obviously, a lame duck appointment at this time would serve no useful purpose,

Thus, despite the implications in some carping criticism, the CMA has not sat back idly. It has followed the instructions of the House of Delegates and is prepared to continue this process.

When the state Legislature meets next January and has a chance to review some of the changes that have been made in the federal law since its original adoption, further beneficial changes in this law will become possible. The present federal law will allow the state more latitude in its administration of this program and it is to be hoped that, with this greater freedom, state changes may be made to convert this welfare effort into something better for its recipients and for the physicians who care for them.

The CMA Council has remained alert to the need for change in the welfare program. Its committee of liaison with the State Department of Social Welfare has been extremely active in pressing for improvements and changes asked by physicians. The county societies have worked with their respective welfare departments in a most cooperative fashion.

Thus, with the "reject" portion of the 1958 resolution accomplished, and with the "repeal" portion nothing more than a hope during legislative recess, the "rectify" part of the House of Delegates policy seems to be well in hand.